



New-Bees Preschool
at
Stretton Sugwas C. of E. Academy



Child Confidential Record

PLEASE PRINT CLEARLY

Child's Forename (as stated on birth certificate) _____

Child's Surname: (as stated on birth certificate) _____

Gender: Male / Female Date of Birth: _____ Place of Birth _____

Religion (if practised): _____ Nationality: _____

Doctors Name: _____ Address of Surgery: _____

Telephone number of Doctors: _____

Health Visitor Tel No & Name: _____

Immunisations Your Child has had (or please provide copy of your child's red book): _____

Child's preferred language: _____ Parents' preferred language: _____

Name of Parent/Legal Guardian 1: _____

Home Address of Parent/Legal Guardian 1: _____

Relationship to Child: _____

Name and Address of Employer: _____

Daytime Telephone No: _____ Mobile Telephone No: _____

E-Mail Address: _____

Name of Parent/Legal Guardian 2: _____

Home Address of Parent/Legal Guardian 2: _____

Relationship to Child: _____

Name and Address of Employer: _____

Daytime Telephone No: _____ Mobile Telephone No: _____

E-Mail Address: _____



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Please state who has parental responsibility for your child: _____

Please state who has legal contact with your child: _____

Password that can be used to verify the identity of someone picking up your child: _____

Other people authorised to collect your child from the Preschool: (with password)

Full Name	Relationship to Child	Tel No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact (in the event the parents/carers cannot be contacted)

Name: _____ Relationship to child: _____

Address: _____

Tel No. Home _____ Tel No. Work _____ Tel No. Mobile _____

Name and contact number of previous/additional childcare attended: _____

If your child is currently at another Nursery are you happy for the setting to be contacted to gain further information 'what child can already do'

YES NO



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Child's name: _____ D.O.B _____

DERN _____

Parent's National Insurance Number _____

Please confirm which sessions your child will attend:

	Mon	Tues	Weds	Thurs	Fri
Full Day 9.00 am -3.30pm					
Morning session 9.00 am-12.30 pm					
Afternoon session 12.00 pm – 3.30pm					

Additional Breakfast or After school club sessions.

Breakfast club will be charged at £6.00 per session to include breakfast.

After School club will be charged at £5.00 per hour.

	Mon	Tues	Weds	Thurs	Fri
Breakfast Club 7.50 am – 9.00 am					
After School Club 3.30 pm – 4.30 pm					
After School Club 4.30 pm – 5.30 pm					



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Is your child from a service family? YES NO

Does your child have an Educational Health Care Plan? YES NO

Does your child have any special requirements? (Disability, medical/with medication, religious and dietary needs). Please indicate below: _____

Does your child have a special diet? YES

YES

NO

If yes, please give details: _____

Please give details of any food, which your child MUST NOT HAVE: _____

Does your child have any allergies? YES NO

If yes, please give details: _____

Is your child taking any medication? YES NO

Please give details _____

IF YOUR CHILD REQUIRES ANY MEDICATION DURING THEIR STAY WITH US PARENT/CARERS MUST COMPLETE A MEDICATION CONSENT FORM.

IF YOUR CHILD NEEDS AN INHALER A SPARE ONE SHOULD BE KEPT IN NURSERY AT ALL TIMES.



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ADDITIONAL INFORMATION FOR DISABLED CHILDREN

PLEASE ANSWER CLEARLY THE FOLLOWING QUESTIONS TO ENABLE US TO PROVIDE THE SERVICE REQUIRED TO MEET YOUR CHILD'S INDIVIDUAL NEEDS:

- Does your child use a wheelchair? YES / NO
- Does your child use a buggy? YES / NO
- Does your child use a frame? YES / NO
- Does your child wear nappies? YES / NO
- Does your child require help using the toilet? YES / NO
- Does your child require help when feeding? YES / NO
- Is your child fed by a tube? YES / NO
- Does your child/family have a named social worker YES / NO
- Does your child/family have a named Children's Centre Worker? YES / NO

If yes please provide us with a name and telephone number:

Name of Social Worker: _____ Tel No: _____

Name of Children's Centre Worker: _____ Tel No: _____

Please let us know here if there is any further information you think we need to know to assess your child's needs: _____

ETHNIC BACKGROUND

Please circle below the ethnic background of the pupil named overleaf.

White: British Irish
Traveller Gypsy/Roma
Another other white background.

Mixed: White and Black Caribbean **Black or Black British:** Caribbean
White and Black African African
White and Asian any other Black background
Any other mixed background

Asian or Asian British: Chinese
Indian
Pakistani **Any other ethnic background**
Bangladesh



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TERMS AND CONDITIONS

I give consent for:

- Ongoing observations on my child to enable staff to follow and assess development
- My child to be added to the online learning journey 'Tapestry' and my email address to be used so I may access it.
- My email address and mobile being used to register for 'Parent Mail'
- My child to take part in short outings within walking distance of New-Bees Preschool, into the local community.
- My child to take part in face painting activities.
- My child's photograph to be used, if required, in displays or for publicity.
- My child's photographs be used for publicity or on the school/preschool website.
- Video footage of my child to be taken for training or developmental evidence.
- Staff to administer sun cream to my child in hot weather.
- New-Bees Preschool staff to apply plasters to my child in the event of an accident.
- New-Bees Preschool staff to accompany my child to hospital in my absence, after every effort has been made to contact me, if there has been a serious accident.
- First Aid may be carried out by qualified members of staff.
- New-Bees Preschool staff to authorise hospital staff to administer essential treatment until my arrival.
- The exclusion of my child from New-Bees Preschool if they are unwell.
- The designated member of staff for safeguarding to follow the guidance given by Herefordshire Safeguarding Children Board (HSCB) if they have any concerns for the safety and well-being of my child in their care.
- My child to have nappy cream applied when necessary (Only nappy creams which are provided by you will be administered)
- For the setting to transfer my child's learning journal and information to a subsequent nursery setting or school.

I agree that:

- Fees are invoiced half-termly in advance and that I must pay by the date shown on the invoice. Fees are subject to annual review.
- Fees are payable irrespective of day closures or absences from New-Bees Preschool including sickness, holidays, except public or bank holidays.
- New-Bees Preschool Management Team reserves the right to terminate a child's place with immediate effect.
- I will give half a term's notice if my child is to leave New-Bees Preschool.
- I will make immediate arrangements to pick up my child from New-Bees Preschool should they become unwell whilst in their care.

I agree with the conditions set out in this document and by signing this form I will follow and agree to New-Bees Preschool ethos and all of its policies and procedures.

If you do not agree with any of the above please state your views clearly below: _____

Signed _____ Print Name _____ Date _____

Signed _____ Print Name _____ Date _____